



AmeriCorps Restoring Youth and Communities

Participant Coaching Log

Form # 5 To be completed by AmeriCorps Members for each Participant Coaching Session conducted

AmeriCorps Member Name (PRINT) _____ Date Submitted _____

Coaching Session Date	Participant Last Name	Participant First Name	Participant YA Number	Coaching Session Duration (Hrs/Mins)	Notes: What was discussed/ achieved &/or issues identified for future sessions	Discovery Steps Discussed	Rating 1-10

*Member rating on strength/effectiveness of interaction: 10 = most effective to 1 = least effective. For example, an interaction was conducted and was moderately effective, giving a “5” rating. You should indicate the reasons for all ratings.